



CITY OF ALEXANDRIA  
CODE ENFORCEMENT BUREAU  
301 KING STREET, SUITE 4200  
ALEXANDRIA, VIRGINIA 22314  
(703) 838-4360 FAX (703) 838-3880

## REVISION APPLICATION

IMPORTANT Applicant to complete ALL applicable items. Shaded boxes are FOR OFFICIAL USE ONLY.

<b>Permit Number</b>	1. Project Name	<b>Revision #</b>
2. Project Address	Floor/Suite Number	3. Date Applied
4. Owner	5. Phone: Home - Work - FAX -	
6. Owner's Mailing Address (if different from project address)		
7. Revision Description		
8. Site Plan # _____ Released <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	9. SUP #	
10. Modification? <input type="checkbox"/> No <input type="checkbox"/> Yes - Code Section _____	11. Estimated cost of revision \$	
Signature of Owner or Authorized Agent _____ Printed name of Applicant _____ Phone/Pager # _____ FAX # _____		
<b>AFFIDAVIT</b> I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. Signature of Owner or Authorized Agent _____ Printed Name of Person Applying for Permit _____ Address _____ Phone # _____ Pager # _____ FAX # _____		<b>APPROVALS</b> Zoning BAR T&ES Code Enforcement Comments